Society Reports.

NEW YORK NEUROLOGICAL SOCIETY.

April 3, 1900.

The President, Dr. Frederick Peterson, in the Chair.

THYROIDECTOMY FOR GRAVES' DISEASE.

Dr. B. Farquhar Curtis reported this case, and presented the patient. The patient had been operated upon in November, 1897. She had had symptoms for some time previously, and the goiter was of moderate size. The eyes were quite prominent, and the pulse ranged from 120 to 150. Primary union had followed the operation. There had been no interference with the general health, and improvement had been steady since that time. The left half of the thyroid had been removed. Less than two months after the operation the woman had been able to resume her occupation of bookkeeper, and her pulse had gradually become slower. Apparently the cure was a permanent one.

RESECTION OF THE SYMPATHETIC FOR GRAVES' DISEASE.

Dr. Curtis also reported this case, and presented the patient, a woman of twentv-nine years. She had had three pregnancies, and the disease had been worse during each pregnancy. The symptoms had lasted about four years before operation, and had been quite marked during the last two years. In December, 1898, she had a moderate exophthalmos, a rather rapid pulse, and some nervousness. In May she developed a paralysis of the left vocal cord, and twelve days later Dr. Curtis operated upon her at Bellevue Hospital, removing the cervical sympathetic on both sides, but leaving the goiter untouched. While she was in the hospital the pulse had at no time been above 106. Since the operation the nervousness had diminished, and the eyes had improved decidedly. The first effect of the operation had been a reduction in the size of the gland.

Dr. Theodore Janeway said that when she had returned to him last January the thyroid had increased in size, the pulse had been about 90, and aortic and systolic murmurs had developed, and she suffered a good deal from headache. Examination of the urine was negative.

Dr. Curtis said that he had done nine thyroidectomies for this disease, and in none had the operation itself been complicated in any way, not even by hemorrhage. Of the nine cases, six had recovered, and three had died. The first of the fatal cases was that of a woman who had been in fair condition at the time of operation, but had become stupid immediately thereafter, and had developed a temperature of 107° F. before death. Death had seemed to be chargeable to thyroid poisoning rather than to uremia. In the second fatal case the symptoms had been quite severe, and the exophthalmos marked. The patient had not suffered much from shock, but the day following operation she became very restless, and the temperature and pulse rose rapidly. She suddenly succumbed, apparently from heart failure. The third fatal case was that of a woman of twenty-three years, apparently in excellent condition, with a moderately large goiter and much nervousness. She stood the operation well, but thirty hours later developed a very rapid pulse and respiration, together with a high temperature and great nervous excitement. A little albumin was found in the urine. In all three cases there had been nothing, from the surgical standpoint, to criticize; hence, he believed the fatal result was attributable to thyroid poisoning. He had never seen such symptoms in an ordinary case of thyroidectomy. It was worthy of note in one of the cases, marked by a pulse varying from 120 to 150, the pulse had dropped to 100 before the patient had left the operating table, and had since then varied between 90 and 100.

Dr. Graeme M. Hammond said that the results obtained by Dr. Curtis seemed to point very strongly to the majority of these cases being the result of a hyperactivity of the thyroid gland. It was not improbable that some special nervous condition was the underlying cause of this hyperactivity of this gland. He thought one should hesitate before advising thyroidectomy in cases of exophthalmic goiter in view of a mortality of 33 1-3 per cent. It would be interesting to know the effect of the administration of thyroid extract in cases exhibiting these toxic symptoms after operation.

Dr. E. D. Fisher said that he had seen a patient in whom the cervical ganglia had been resected, and her general condition had certainly improved. A number of these operations had been reported, and it seemed to be a justifiable procedure. Some operators had reported the occurrence of considerable hemorrhage at the operation, and had explained it by the marked dilatation of the blood vessels, supposed to be produced through the cervical sympathetic. In some of the cases relief had followed even removal of one ganglion. On the removal of each ganglion in the case just presented a very transient dilatation of the pupil on that side had been observed.

Dr. W. M. Leszynsky said that the prognosis of Basedow's disease had always seemed to him to depend largely upon the financial ability of the patient. It was for this reason that patients of the poorer class found it desirable to submit to operation. He had tried repeatedly, and in vain, to secure the admission of such patients to our city hospitals for a prolonged course of treatment.

Dr. Fisher thought many of these cases did not respond to even the best methods of treatment, and under the most favorable conditions.

Dr. Leszynsky contended that the early resort to proper treatment, an essential feature of which was prolonged rest, would cure very many cases.

Dr. Peterson took the same view as the last speaker. Both operations described by Dr. Curtis seemed to him very serious ones to undertake until safer methods of treatment had been given a fair trial.

Dr. Curtis said that in his cases the opinion had been expressed at the time, that the poisonous symptoms had been the result of the escape of too much thyroid secretion into the system. It was possible that earlier operation would eliminate this danger.

WORD-DEAFNESS WITH SPECIAL REFERENCE TO THE NAMING CENTER.

Dr. Graeme M. Hammond, who read this paper, said that Broadbent had first brought forward, as a theoretical proposition, this "naming center," but it had not been placed on a more tangible basis until a case had been carefully observed and reported by Mills. Dr. Hammond said he had suggested that the cells which were the most highly organized would be the ones which would naturally retain and register the names. If this were the case, the location of the centers in which the names were stored might differ materially in different individuals. Further study, however, had led him to think that such a theory was not necessary to a proper understanding of the cases already reported by others, as well as by himself. Dr. Hammond then presented an illustrative case—that of a man who had been injured in a fight on May 8, 1899. He had been struck on the temple, and had been able to walk home, but a few hours later had had a severe general convulsion, and had lost the power to name objects. He could talk voluntarily, and could say most words except the names of objects and persons. He recognized familiar objects, as evidenced by gestures, but he could not give their names or repeat the names after they had been told him. Dr. Seneca D. Powell had operated upon the man, and had found a linear fracture of the temporal bone, and a clot which completely covered the superior temporal convolution. At about the junction of the posterior third with the middle third was a hole about the diameter of an ordinary lead pencil, and fully one inch in depth. The man made an excellent recovery from the operation, and soon regained the power of naming objects, but the word-deafness had never entirely disappeared. At the present time he found it difficult to pronounce words of three syllables or more.

Dr. Hammond also reported a case in which there had been softening of the middle third of the second temporal convolution. The patient had entered the Charity Hospital on January 9, 1900. He was about forty years of age, and had a fair education. He was comatose at the time of his admission, but soon recovered in large part his normal mental condition. There was no motor weakness, and disorders of sensibility were not noted. The special senses appeared to be unimpaired. He was almost completely word-deaf, was completely word-blind, and was absolutely agraphic. He could not write from dictation nor copy simple geometric figures. He was, however, by no means stupid. Had he lived, a diagnosis of a lesion of the superior temporal convolution, and of the angular gyrus would have been made, and yet neither of these regions had been implicated at all, as shown by the autopsy. In the first case, loss of power to name objects did not depend primarily upon the lesion. In the second case, the region implicated was almost outside of the accepted region for the naming center. In Mills' case, word-blindness had been associated with anomia, and yet the lesion had been further from the higher visual center than in the second case just reported. The speaker thought the presence of word-blindness or word-deafness, either alone or in combination, only implies that a lesion in any part of the speech area may give rise to various forms of aphasia. It seemed probable that any lesion disturbing any part of the speech area might cause anomia, and hence it could be understood how two such widely separated lesions as in Mills' case and in his own could produce like results.

Dr. E. D. Fisher suggested as a possible explanation that in the case just reported the lesion had been more deeply seated than in Mills' case—not in the cortex proper, but in the fibers leading from it.

Dr. Joseph Fraenkel said that the patient presented seemed to understand the meaning of the words pronounced, the defect seeming to be rather motor than a pure word deafness. It, therefore, seemed to him that the man had recovered from his aphasic disorder. Concerning the existence of a naming center, Dr. Fraenkel said that he agreed with Dr. Hammond that there was no distinct naming center. He had at present under observation a syphilitic man, about forty years of age, who had been recently exhibiting impaired mental faculties and a spastic paralysis of the right upper extremity. In addition, he was absolutely unable to name an object shown him, but he could define the uses of the object. In this case he felt convinced that there was one sufficiently large lesion in the arm center to encroach slightly upon the speech center. A mild interference with the speech area would lead to marked disturbance of the higher and more complex functions associated with speech.

Dr. Hammond said that in the case shown this evening the probability of any injury to the connecting paths between the centers was rather remote. If there were any such interruption it should have been the higher auditory and higher visual centers, which was not the case. In Mills' case the lesions were in the third and fourth convolutions, and he knew of no conducting fibers here which would have been affected. He wished to emphasize the fact, that in a given case of word blindness or word deafness one could not say definitely what is th location of the lesion further than that it involved some part of the speech area.

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77 SYNDROME D'ERB (Erb's Syndrome). D. de Buck (Journal de Neurologie, No. 4, 1900, p. 61).

Sixty-nine cases of Strümpell's asthenic bulbar paralysis have been collected from the literature by de Buck. To these de Buck adds a case of his own and three cases mentioned in a supplement to his paper. In his case the symptoms were general paresis, a feeling of general fatigue increased by movement or mental exertion, intermittent course, with variations from day to day, and atrophy with diminution of the faradic contractibility in the muscles of the scapular region and arms. Distinct disturbance of sensation, fibrillary tremor and qualitative changes in the electrical reactions were not noticed. Muscular atrophy has been described in several cases of the syndrome of Erb.

SPILLER.